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To: Community Based Residential Facilities
Adult Family Homes

CBRF-17
AFH-13

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CBRF/ AFH February 2001 ETN Medication Management Question and Answer

On February 8, 2001 an ETN was presented on medication management issues in Community Based Residential Facilities (CBRF) and Adult Family Homes (AFH). During the question and answer portion of the presentation some information was not readily available. The following is a summary of those questions and responses.

1) What are the Adult Family Home training requirements as it relates to medications and medication administration?

Currently HFS Chapter 88.04 (5) (a-d) defines the training requirements as follows:

(5) TRAINING. (a) The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within six months after starting to provide care. This training shall include training in fire safety and first aid.

(b) Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.

(c) The licensing agency may require the licensee and service providers to obtain training in amounts that exceed the minimum required under par. (b) to ensure that resident health, safety and welfare are protected and promoted.

(d) The licensing agency may approve alternatives to the training requirements in pars. (a) and (b) at a licensee's request and if the licensing agency determines that any of the following has occurred: (1) The person has successfully completed substantially similar or related training. (2) The person has successfully completed course work or an academic degree program related to the care, maintenance and treatment of the type of individuals served by the adult family home as identified in the home's program

statement or other persons in need of care, maintenance or treatment. (3) The person has acquired substantial and up-to-date knowledge concerning care, maintenance, treatment and health, safety, welfare and rights appropriate to a resident being served through prior experience in licensed or certified programs which are substantially similar to adult family homes.

In addition HFS 88.07 (2)(c) states: Services that are provided shall be services determined by the resident, licensee, service coordinator, if any, placing agency, if any, and guardian, if any, to be needed by the resident and within the capability of the licensee.

As you read the administrative code the regulations do not specifically indicate that adult family home staff must receive medication training. However, staff must receive training related to health, safety and welfare of residents. In addition, if a licensee is providing a service, they must be competent to do so. Therefore, if adult family home staff are administering medications they should first receive training related to medication administration specific to the services they will be providing. The type of services provided and the capability of the staff who will be providing the service will determine the amount of that specific training.

2) What are the medication packaging requirements for adult family homes?

HFS 88.07 (3)(a) Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.

Compared to CBRF medication packaging, there is not a defined requirement in the adult family home regulation that specifies unit dose packaging, label requirements, etc. The regulations simply state the medication shall be maintained in the package that comes from the pharmacy.

3) What about packaging of prescription liquids like cough syrup and injection medications like insulin in a CBRF?

Please refer to the BQA memo 01-001 related to over the counter packaging requirements. In regards to prescription medications, unit dose or unit of use packaging is required when unlicensed persons are administering medications without registered nurse or pharmacist supervision. These unlicensed persons must take an eight hour medication course prior to performing this task.

The unit dose or unit of use packaging is not required in a CBRF that does use a registered nurse or pharmacist to supervise CBRF staff. The pharmacist can provide alternative modes of packaging including bulk bottles of liquid medications or insulin pen injections. The registered nurse or pharmacist must provide training in administering medications from the packaging that is utilized. The supervising registered nurse must delegate administration of injections, which can include drawing up insulin or utilizing insulin pens or other predrawn insulin. The five rights of medication administration – right drug, right dose, right patient, right time, and right route – must be adhered to at all times.

4) Can you explain secure storage of medications and what about a refrigerator?

This question is in reference to HFS 83.33 (3)(b)1. The regulation addresses the fact that when medication is in control of the resident the facility must provide a secure place to store the medications in the resident's room. A secure place does not need to be a locked cabinet, drawer or refrigerator. If medications are in the control of the facility, then medications must be locked.

5) If a medication is discontinued and we have the medications in a mediset, can staff in consultation with the pharmacist pull out the medication that was stopped?

The current regulations for CBRFs do not specifically address this situation. However, if a medication is stopped, that medication must be identified and destroyed per HFS 83.33(3)(j). In some medication systems in CBRFs the medications are separated and individually labeled, making it easier for staff to identify the stopped medication. However, in other medication systems that place all medications into time slot containers, it may not be easy to identify medication that should be removed. In all cases where the medication is not individually labeled, a pharmacist should be contacted to assist with identification and review. In most cases the pharmacist will need to come to the CBRF or have the medications brought to the pharmacy to remove or change the medications. Professional judgement of the pharmacist should prevail. In all cases, the CBRF must document all medication that was removed or destroyed.

6) Can unlicensed CBRF staff accept a phone order?

During the ETN, a discussion occurred regarding the physician's authority to delegate tasks to many individuals. That information was correct; however, under HFS 83.33 (2)(h) and 83.33 (3)(a), the regulation specifically indicates there must be a written physician's order for medications, nursing care, rehabilitation services and therapeutic diets. Phone orders that are from physicians to unlicensed CBRF staff are not permissible. All emergencies should be handled with common sense. Staff should call for emergency care when necessary.